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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lauren Underwood For Congress 13400 S Route 59 ADDRESS (number and street) Ste 116 Box 248 (Check if address is changed) Plainfield 60585 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.underwoodforcongress.com (Check if address is changed) DATE 2021 C00652719 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nissen, Melissa, , , Type or Print Name of Treasurer Nissen, Melissa, , , [Electronically Filed] 10 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| | | - 0 |
|---------------------------|---|--|
| | Form 1 (Revised 02/2009) | Page 2 |
| | COMMITTEE Ite Committee: | |
| (a) x | This committee is a principal campaign committee. (Complete the candidate information below | .) |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.) | nplete the candidate |
| Name of Candidate | Underwood, Lauren, A., , | |
| Candidate Party Affili | ation DEM Office Sought: House Senate President | State IL District 14 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Co | ommittee: | |
| (d) | (National, State This committee is a or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Political | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is a |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee) | egregated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fu | ndraising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| Co | mmittees Participating in Joint Fundraiser | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| FEC Form 1 (Revised 02/2009) | Page 3 |
|--|--|
| Write or Type Committee Name | |
| Lauren Underwood For Congress | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Represe | ntative, or Leadership PAC Sponsor |
| Lauren Underwood Victory Fund | |
| Mailing Address 600 Pennsylvania Ave SE #15180 | |
| | DC 20003 TATE ZIP CODE |
| Relationship: Connected Organization Affiliated Committee X Joint Fundraising Rep | presentative Leadership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of books and records. | of the person in possession of committee |
| Nissen, Melissa, , , Full Name | |
| Mailing Address 600 Pennsylvania Ave SE | |
| _#15180 | |
| Washington | DC 20003 |
| Title or Position CITY STA | ATE ZIP CODE |
| Treasurer Telephone number | 202 544 - 6960 |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the cor any designated agent (e.g., assistant treasurer). | nmittee; and the name and address of |
| Full Name Nissen, Melissa, , , of Treasurer | |
| Mailing Address [600 Pennsylvania Ave SE | |
| <u> </u> #15180 | |
| | DC 20003 - - - |
| Title or Position Treasurer Talanhara pumban | TE ZIP CODE |
| Telephone number | |

| FEC Forn | n 1 (Revised 02/2009) | Page 4 |
|---|--|---------------|
| | | |
| Full Name of | | |
| Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit bo | | |
| safety deposit bo Name of Bank, [| oxes or maintains funds. | |
| safety deposit bo | Depository, etc. Amalgamated Bank | |
| safety deposit bo Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW | |
| safety deposit bo Name of Bank, [| Depository, etc. Amalgamated Bank | |
| safety deposit bo Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW | ZIP CODE |
| safety deposit bo Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. | ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. Citibank, NA | ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. | ZIP CODE |
| Safety deposit bo Name of Bank, D Mailing Address | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. Citibank, NA 200 Varick St | ZIP CODE |
| Safety deposit bo Name of Bank, D Mailing Address | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE Depository, etc. Citibank, NA | ZIP CODE |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 1. | | | |
|--|--|---------------------------|-------------------------------|
| | | FEC ID numbe | er C |
| 2 | | FEC ID numbe | er C |
| 3. | | FEC ID numbe | er C |
| 4. | | FEC ID numbe | er C |
| | | _ | |
| Name of Any Connected | Organization, Affiliated Committee, Joint I | Fundraising Representa | tive, or Leadership PAC Spons |
| Underwood Cast | en Joint Victory Fund | | |
| | | | |
| | | | |
| Mailing Address | 600 Pennsylvania Ave SE | | |
| | #15180 | | |
| | Washington | DC | 20003 |
| Relationship: | CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | d Organization Affiliated Committee y by name, address (phone number – option | Joint Fundraising Represe | entative Leadership PAC Spo |
| | | | entative Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi | | | Leadership PAC Spo |
| Designated Agent: Identi Full Name Mailing Address | y by name, address (phone number – option | | |
| Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – option | al) | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| (h). Joint Fundraisir | g Participant: | | |
|--|--|----------------------------|----------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| lame of Any Connected Majority Keepers | Organization, Affiliated Committee, Joint Fun | ndraising Representativ | re, or Leadership PAC Spon |
| | | | |
| Mailing Address | 600 Pennsylvania Ave SE | | |
| J | Unit 15180 | | |
| | Washington | DC | 20003 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | d Organization Affiliated Committee X Joy Joy by name, address (phone number – optional) | oint Fundraising Represent | tative Leadership PAC Sp |
| | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) | | |
| esignated Agent: Identification of Bank, identification in the session of the properties of the session o | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE Telephone Number | ZIP CODE A |
| esignated Agent: Identification of Bank, identification in the session of the properties of the session o | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 5(g) or (h). Joint Fundraising | Participant: | | |
|---|---|---------------------|------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraisi Vomen 2022 | ing Representativ | e, or Leadership PAC Sponsor |
| | | | |
| Mailing Address | 600 Pennsylvania Ave SE | | |
| - - | #15180 | | |
| | Washington | DC | 20003 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connected | Organization Affiliated Committee X Joint Fur | ndraising Represent | ative Leadership PAC Sponsor |
| | | | |
| 8. Designated Agent: Identify | by name, address (phone number - optional) | | |
| 8. Designated Agent: Identify | by name, address (phone number – optional) | 1 1 1 1 1 | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name Mailing Address | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | CITY CITY Telepl es: List all banks or other depositories in which the | hone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail | CITY CITY Telepl es: List all banks or other depositories in which the | hone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc. | CITY CITY Telepl es: List all banks or other depositories in which the | hone Number | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisi | ng Participant: | | |
|--|--|--|--|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3 | | FEC ID number | C |
| 4. | | FEC ID number | C |
| lame of Any Connected Defend the Major | Organization, Affiliated Committee, Joint Fun | draising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | 600 Pennsylvania Ave SE | | |
| | #15180 | <u> </u> | <u> </u> |
| | Washington | DC | 20003 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | | |
| esignated Agent: Identif | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank, | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | CITY A City A pries: List all banks or other depositories in which | Telephone Number | |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 1. | | | |
|------------------------|--|-----------------------------|----------------------------|
| 1 | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| lame of Any Connecte | d Organization, Affiliated Committee, Joint Fu | ındraising Representativ | e. or Leadership PAC Spons |
| Nadler Victory Fu | | | |
| | | | |
| Mailing Address | 200 W 79th St | | |
| | Unit 8N | | 1 1 1 1 1 1 1 1 1 |
| | New York | NY | 10024 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| esignated Agent: Ident | ed Organization Affiliated Committee | loint Fundraising Represent | |
| esignated Agent: Ident | | | Leadership PAC Sp |
| esignated Agent: Ident | | | |
| esignated Agent: Ident | | | |
| esignated Agent: Ident | ify by name, address (phone number – optional | | |
| esignated Agent: Ident | ify by name, address (phone number – optional | | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| 5(g) c | or(h). Joint Fundraisin ç | g Participant: | | | |
|--------|---|--|------------------|---------------|--------------------------------|
| | 1. | | FEC II | O number | C |
| | 2. | | FEC II | O number | C |
| | 3. | | FEC II | O number | C |
| | 4 | | FEC II | O number | C |
| 6. | | Organization, Affiliated Committee, Joint I | | presentative | e, or Leadership PAC Sponsor |
| | | | | | |
| | Mailing Address | 910 17th St NW | | | |
| | | Ste 925 | | | |
| | | Washington | | DC | 20006 |
| | Relationship: | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee | Joint Fundraisin | g Representa | ative Leadership PAC Sponsor |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – option | al) | 1 1 1 1 | |
| | Mailing Address | 1 | | | |
| | | | | 1 1 1 1 | |
| | | | | 1 . 1 | 1 |
| | TITLE OF POSITION | _ CITY ▲ | | STATE A | ZIP CODE ▲ |
| | TITLE OR POSITION | <u> </u> | Telephone N | lumber | |
| 9. | Banks or Other Depositor safety deposit boxes or matching Name of Bank, Depository, etc. Mailing Address | ies: List all banks or other depositories in vintains funds. | which the comm | ittee deposit | s funds, holds accounts, rents |
| | | | 1 | . | 1 |
| | | CITY A | | STATE ▲ | ZIP CODE ▲ |